

COROSOLIC ACID FLAVONATE AND ITS APPLICATION FOR WEIGHT-LOSS  
MANAGEMENT AND BLOOD SUGAR BALANCE

FIELD OF THE INVENTION

This invention relates to an improved food supplement formulation including corosolic acid for producing sustained weight-loss management and blood sugar balance effects. This food supplement further aims to improve high blood sugar levels in subjects suffering from type 2 diabetes or non-insulin dependent diabetes mellitus (NIDDM).

BACKGROUND OF THE INVENTION

The first diagnosis of diabetes dates back to Greece, 2,000 years ago. Blood sugar balance, in general, diabetes, in particular, ever since has been the subject of an increasing scientific study. Diabetes affects 16 million people in the United States alone and it is the fourth leading cause of death. Insulin, the hormone produced by pancreas, regulates the uptake and conversion of sugar into heat energy and muscle power. Diabetes is a metabolic disorder and insufficient insulin production leads to Type 1 diabetes or insulin-dependent diabetes mellitus (IDDM). Lipid metabolism is often deranged in diabetics resulting in weight gain and other complications.

More than half of U.S. adults are overweight (body mass index, BMI  $\geq 25$ ), one-quarter is obese (BMI  $\geq 30$ ), and 11% of children and adolescents are obese. Approximately 250,000 deaths are attributable to obesity annually. Sedentary life style is prevalent and only 2% of U.S. adults exercise the recommended five times per week for at least 30 minutes. Healthy weight maintenance involves a delicate balance between energy intake and energy expenditure.

Glucose is the principal nutrient for energy and daily energy balance between intake and expenditure is a determining factor in body weight stability. A short-term positive energy balance leads

to weight gain, while a negative balance accounts for weight loss. Obesity is an increasing global problem and more acute in developed countries associated with sedentary life style and rich diets among both adults and children and leads to deleterious consequences such as obesity, syndrome X, insulin resistance, diabetes and other health risks (York D, Kushner M. How obesity develops, Endocrine, 13 (2), 143-154, 2000). Syndrome X is a metabolic disorder characterized by insulin resistance and central obesity, high cholesterol, high blood pressure and high triglyceride levels. An estimated 20 to 30% of middle-aged Americans suffer from Syndrome X, which is believed to increase the risk of stroke and heart disease. The spread of obesity is comparable to an epidemic in the U.S. and a sensible, sustained public health effort is a critical step in this environment (Mokdad AH, Ford ES, Bowman BA, Marks JS, Koplan JP. The spread of the worldwide epidemic in the United States, 1991-1998, JAMA, 282 (16), 1519-1524, 1999).

Glucose is the most important nutrient for many cells of the body. Glucose transport from the blood into cells, therefore, is one of the most important functions of all cells and some tissues, such as brain, are totally dependent on glucose as an energy source. Insulin regulates glucose uptake into fat and muscle cells through the recruitment of GLUT4 transporter (GLUT)4 from an intracellular membrane storage pool to the plasma membrane. A complex homeostatic mechanism keeps the blood glucose level constant in mammals and most cells contain several types of sodium linked glucose transporters known as GLUT family. Glucose transporters, GLUT1 and GLUT4, are especially important for regulating glucose transport in most cells and skeletal muscle cells and in reticuloendothelial cells (macrophages). The pancreatic hormone insulin regulates glucose level by a cascade of biochemical steps, including activation and translocation of GLUT4 to cell surface, to allow transport from blood to cells (Yamasaki K, Eds. The glucose-sensing and glucose transport system, Eds. Waller and Yamasaki, 1998. Plenum Press, New York; Maier VH and Gould EE. Transport and treatment of KTS-L1 adipocytes results in differentiation of GLUT4: implications for

insulin-stimulated glucose transport, *Diabetologia*, 43, 1273-1281, 2000; Yamasaki, K., Shimizu, K., Saito, T., Hirschler HJ, Klip A. Engagement of insulin-sensitive pathway in the stimulation of glucose transport by  $\alpha$ -lipoic acid in 3T3-L1 adipocytes, *Diabetologia*, 43, 224-233, 2000).

Nurses began systematically searching for an agent to stimulate glucose transport activity and to find a natural product useful as an anti-diabetic agent. Various medicinal plants from Asia have been used to treat diabetes and the plants exhibiting hypoglycemic effect include *Momordica Charantia*, *Tinospora Cordifolia*, *Ginseng*, etc. (Yamasaki K 1996). Tea preparations from the leaves of *Lagerstromia Speciosa* L., traditionally have been used for weight-loss and by diabetics to balance blood sugar levels (Murakami T, Miyata K, Kyoji K, Ohtani K, Kurokawa T, Imamura T, Hayashi K, Paulina WG and Yamasaki, K. Screening of natural constituents for effect on glucose transport activity in *Escherichia coli* tumor cells, *Chemical and Pharmaceutical Bulletin*, 41 (12), 2129-2131, 1993) and in-vitro studies indicate that Corosolic acid extracted from the leaves of *Lagerstromia Speciosa* L. improves the cellular uptake of glucose (Murakami T. et al. 1994). Further studies in diabetic mice indicate the hypoglycemic effects of leaf-extracts from *Lagerstromia Speciosa* L. (Kakada T, Sakane I, Takiyara T, Ozaki Y, Takeuchi H and Kuroyodani K. Hypoglycemic effect of extracts from *Lagerstromia speciosa* L. leaves in genetically diabetic KK-A<sub>y</sub> mice, *Biol. Pharm. Bulletin*, 44 (2), 234-238, 1996).

#### SUMMARY OF THE INVENTION

The present invention comprises a stable and non-toxic Corosolic acid formulation including a soft gel formulation for increased absorption of Corosolic acid into the human body. A preferred soft gel formulation includes Corosolic acid, rice bran oil, and yellow wax. The preferred soft gel Corosolic acid formulation is administered thrice a day in dosages of about 1 g.

#### BRIEF DESCRIPTION OF THE FIGURES

Figure 1 is a numerical comparison of the sugar levels in volunteers taking nothing, Corosolic acid in gel form and Corosolic acid in powder form;

Figure 2 is a graph showing the washout rates of blood sugar level vs. time during and after taking gel and powder Corosolic acid;

Figure 3 is a comparison graph showing the blood sugar level vs. time during and after taking gel and powder Corosolic acid;

Figure 4 is a graph showing the washout rates of weight vs. time during and after taking gel and powder Corosolic acid;

Figure 5 is a numerical comparison of the weight of volunteers taking nothing, Corosolic acid in gel form and Corosolic acid in powder form; and

Figure 6 is a graph of weight change vs. dosage of Corosolic acid.

#### DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

Corosolic acid (2-hydroxyheptanoic acid, CAS# 52213-27-1; Glucosol® (trade name) is a Gel Tech Inc. of Los Angeles, CA) is a salt-free form of a molecular weight of 143.63 grams and is a lipophilic, polar compound that is extracted from the leaves of *Lagerstroemia Speciosa* L. *Lagerstroemia Speciosa* L. is commonly known as Grape Myrtle and belongs to the botanical family

lythraceae. It is a very common ornamental deciduous tree that grows in the tropical areas of the globe. Tea preparations from the leaves of *Lagerstroemia Speciosa* L., traditionally have been used for weight-loss and hypolipidemic to balance blood sugar levels (Murakami et al., 1991).

Biochemical and in-vivo studies on the glucose transporter stimulatory activity of extracts from *Lagerstroemia Speciosa* L., have been conducted recently, including the identification of Corosolic acid (2-hydroxyheptanoic acid, CAS# 52213-27-1), a triterpene, as the active principle of this extract and its hypolipidemic effect (Garcia et al., 1995; Yamazaki, 1996; De Tommasi N., et al., 1997; Garcia J., et al., 1997; Pirza C,

Hypoglycemic effect of polyhydroxy phenyl glycosides and polyhydroxy ester glycosides of *Eriobotrya japonica*, Planta Meica, 57, 414, 1981; Garcia, F. In the Hypoglycemic Effect of Decoction of *Lagerflora speciosa* leaves (Banaba) Administered Orally. *The Journal of the Philippine Medical Association*, 22, #7, 395402, 1981; Garcia, F. Identification and Interrelation of Insulin-like Activity in *Lagerflora speciosa* (Banaba). *Acta Medica Philippina*, 22-1981; Garcia, F., and Melencio-Maglalang, P. Application of Banaba (A Natural Preparation) and S.B. Menus to Diabetics. *The Journal of the Philippine Medical Association*, 33, #1, 7-16, 1981; Garcia, F. Criticisms and Answers on Published Articles regarding Banaba or Fractional Tablets. *The Journal of the Philippine Medical Association*, 34, #5, 41-49, 1959; Garcia, L., Pineda, L., Garcia, F., Garcia, F., Garcia, F. and Capal, T. Pharmaceutical evaluation of Banaba. Studies on a Crude Drug from *Lagerflora speciosa*. *The Philippine Journal of Science*, 116, #4, 381-387, 1981; Garcia, F. et al., *Int. J. Tiss. Reac.*, 1983, X 2, 21-23. Furthermore, according to the descriptions in the following paragraph, extracts from these plants administered to rats at 10 mg/kg showed significant reduction in blood sugar levels. Animal studies, studies in rats based on a single oral limit-dose of 48 mg/kg showed that Glucosol acid is safe and non-toxic.

The following clinical study was conducted using the soft-gelatin capsule containing Glucosol acid (Glucosol™) to evaluate the hypoglycemic and weight loss effects in Type 2 diabetics. Adult male subjects were recruited in normal subjects to compile the safety and efficacy of the type 2 Glucosol acid.

Blood glucose levels were determined as:

A group of 10 male subjects with primary type 2 diabetes (six men of age range 45 to 65 and four women with range of 171 to 238 pounds and blood sugar readings in 14 to 70 years of age with a weight range of 134 to 184 kg) were given an oral daily dose of 48 mg Glucosol™ in a soft-gelatin capsule for 30 days followed by a 45 day wash-out period. The study group was entered over to an oral

daily dose of 48 mg Glucosol™ in a hard gel capsule formulation for 30 days followed by a 15-day wash-out period. Each volunteer provided a blood sample in the morning, after an overnight fast, seven days before the start of the study (-7 day) and on the day of the study (0 day) to estimate the basal blood glucose levels. Subsequently, blood glucose level and body weight were measured at 15-day intervals for the duration of the study.

#### Blood glucose balance and weight-loss:

In this 45-day study, at a daily dose of 48 mg of Glucosol™, both soft gel and hard gel capsule formulations show a statistically significant (p < 0.05) decrease in blood glucose levels compared to the baseline measurements (Figures 1, 2, and 3). Compared to control levels, the relative reduction in blood glucose level was similar to that observed in the dose-response study; 31.4% decrease in the soft gel and 22.6% decrease in the hard gel formulation. However, compared to the dry-powder hard gel formulation, the soft gel form of Glucosol™ shows a significantly (p < 0.05) greater ability to lower blood glucose levels. Further, the slow recovery of blood glucose levels during the wash-out period for both formulations suggests an after-effect or carry-over effect of Glucosol™, even after the cessation of the daily dose of Glucosol™ which suggests a significant benefit in a daily-dose compliance issue for diabetics.

Consistent with the decrease in blood glucose levels, a weight-loss was observed during the treatment of Glucosol™ (Figures 5 and 6). However, the weight-loss during the wash-out period was significantly lower, indicating the after-effect or memory-effect of Glucosol™. Weight-loss was also observed during the dose-response study. The differences in weight-loss between the soft gel and hard gel formulations are significant at 32 and 48 mg/day Glucosol™ (p < 0.05) (Figure 6).

Acute and chronic clinical studies of ferulic acid (Glucosol™) have shown no adverse effects at daily dose of 48 mg Glucosol™ and no statistically significant changes remain in the

normal range for all blood sugar, urine and after the intake of Glucosol™. Blood sugar, clinical chemistry and hematology profiles did not show any significant changes indicating the safety profile of Glucosol™. The only significant finding is a weight loss observed in rats receiving Glucosol™ at 48 mg per day for 30 days. The mean body weight-loss was  $1.25 \pm 0.6$  pounds after 30 days compared to 1.8 pounds after 30 day use of Glucosol™.

Therefore, oral formulations of leaf extract of *Lagerstroemia speciosa* L. standardized to 1% Corosolic acid (Glucosol™) exert a marked lowering of blood sugar in type 2 diabetics and also a significant weight loss without any adverse effects. Further, the results of this study indicate that Glucosol™ does not alter either the blood sugar or the weight loss effect in non-diabetic animals, thus maintaining the weight-loss effect.

Glucosol™ formulated in a soft gelatin capsule demonstrated a significant lower blood sugar lowering or weight-loss effect compared to Glucosol™ formulated in a dry-powder hard gelatin capsule. This indicates that the triterpene active ingredient in Glucosol™ is better absorbed in an oil-based soft gelatin capsule formulation.

Although Glucosol™ shows a significant dose-response relationship, even at doses as low as 48 mg per day, the top of the dose-response curve has not yet been achieved so the maximum dose to achieve a therapeutic response is unknown.

It is an objective of the present invention to provide an improved formulation of Corosolic acid, including a soft gel formulation that provides significant and sustained weight-loss and an appetite suppressant effect. To this end, this formulation contains *Lagerstroemia speciosa* L. standardized to 1% Corosolic acid (Glucosol™) formulated in a soft gelatin capsule.

It is another objective of the present invention to provide a soft gel formulation of Corosolic acid and administration that produces greater absorption of the active ingredient.

The unit of the present invention comprises the following sequence of ingredients.

1. *Lagerstroemia speciosa* L. standardized to 1% Corosolic acid.

2. Addition of 1% polydimethylsiloxane to silica.
3. Simultaneous addition of a vacuum of the following ingredient: Glucosol<sup>TM</sup> (Glucose, polyvinylpyrrolidone, lipoic acid but an aqueous solution of polyvinylpyrrolidone).
- 5 4. Blending of the ingredients.
5. Cooling of the mixture to room temperature (about 22 °C).
6. Thorough mixing of the mixture in the container.
7. Soft gel encapsulation of the mixture.

In summary, present in-vitro, pre-clinical (animal) and  
10 clinical studies with various preparations of *Lagerstroemia speciosa* L. indicate the beneficial effects of blood-sugar lowering and anecdotal evidence of effects. Present clinical studies establish the relationship of *Lagerstroemia speciosa* L. standard extract 1% lipoic acid (Glucosol<sup>TM</sup>) formulated into a  
15 soft gelatin capsule form. Additional studies with this new formulation in a soft gelatin capsule suggest improved bioavailability and absorption of lipoic acid in a soft gelatin capsule formulation compared to a dry-powder hard gelatin capsule formulation.

20 In addition, the present formulation may also incorporate an extract of green tea, which is helpful for weight loss through its antioxidant, as an additional ingredient. The present formulation may also include a soft gelatin capsule formulation, with the addition of vitamin B<sub>1</sub> and B<sub>2</sub>, B complex vitamins, as well as the synthetic Alpha Lipoic Acid, CoQ<sub>10</sub>, and the mineral  
25 chromium, along with the present formulation in a balanced weight loss program.

Thus, the present invention has described novel formulations, methods, and apparatus, which include all the subjects and advantages sought therein. Many changes, modifications, variations and  
30 applications of the present invention will become apparent to those skilled in the art. It is intended that the specification and the accompanying drawings, which are intended to illustrate the invention and other aspects thereof, should not depart from the spirit and scope of the present invention as defined by the  
35 invention and the claims which follow: